



## King County

### **Mental Health, Chemical Abuse and Dependency Services Division**

Department of  
Community and Human Services

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### **King County Mental Health Advisory Board (MHAB) Regular Meeting March 24, 2015**

**Members Present:** Lauren Davis, Nancy Dow, Alicia Glenwell, John Holecek, Kristin Houser, Veronica Kavanagh, Toni Krupski, Katelyn Morgaine, Allan Panitch, Heather Spielvogel

**Members Absent:** N/A

**Guests Present:** Terry Mark, Susan McLaughlin, Department of Community and Human Services, (DCHS); Joan Clement, King County Alcoholism and Substance Abuse Administrative Board, (KCASAAB); Jen Adam, Tony Charity, Daniel Nelson, Kristina Sawyckyj-Moreland (Guests), Kathy Obermeyer (Board Candidate); Jeanne Slonecker (MH Ombuds)

**Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Staff Present:** Bryan Baird, Jean Robertson

#### **I. Welcome and Introductions**

Kristin Houser, Chair, convened the meeting at 4:35 p.m., in the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. Members were welcomed and introductions were made by each member. A quorum was present for the meeting.

#### **II. Minutes Approval**

The January 13 regular meeting minutes were approved unanimously, as revised (typo).

#### **III. Molina Healthcare Plan Presentation – Julie Lindberg**

Ms. Lindberg, Vice President of Health Care Services, gave an overview of the family-run company, Molina Healthcare, and discussed the delivery and coordination of care covered by the Molina plan. Molina is one of five Medicaid managed organizations (MCO) in the state, the largest MCO in Washington state with 520,000 members statewide; 105,000 members residing in King County.

Molina Healthcare started as a single clinic in Long Beach, California in 1980, but has grown to operate plans in 11 states. Molina has been in Washington state since the year 2000. Molina's mission is to promote health and provide health services to

families and individuals who are lower income and covered by government programs. Ms Lindberg provided an overview of the services offered by Molina.

The Board sent some questions, in advance, to Molina for response:

**1. Could you explain your system for connecting a person looking for mental health treatment who has no current provider with an appropriate mental health provider?**

There is a two-tier system when using the Medicaid mental health benefit. For mild to moderate treatment needs, these individuals receive care from an MCO. For severe, persistent, or chronic needs, these individuals receive care from the Regional Support Network (RSN). All substance use disorder services are covered by the County, via contracts with the state. Molina also has an online provider directory to learn of contracted providers, medical specialties, outpatient services, etc., without prior authorization. Assistance is available when needed. Molina contracts with many agencies; 22 of which also contract with the RSN.

**2. What is your view of the 2013 utilization numbers for behavioral health services for your plan and whether that represents an appropriate level of service delivery to your members?**

*Related to the above question, Joan Clement asked about the penetration rate for people accessing services through Molina, not the RSN, and is this figure what you would expect by population distribution of mental illness?*

The 2013 statewide Molina utilization numbers are:

- Adults receiving outpatient care: 4,787
- Children receiving outpatient care: 6,586
- Adult average number of visits: 4.6
- Children average number of visits: 5.1
- Adults meeting the 12 visit limit: 104
- Children meeting the 20 visit limit: 40

Ms. Lindberg provided additional data:

The utilization data does not include Molina members accessing services through the RSN. Looking at 2013 data, about seven percent of Molina's members, not including RSN members, were accessing services in a primary care setting. Three percent receiving specialty mental health services (psychotherapy, psychiatrist, etc...), not in a primary care setting. In the health plan, 70 percent of mental health services are provided in a primary care setting.

The Board expressed an interest in following up with the managed care plans, and monitoring/tracking the plans' effectiveness at delivering behavioral health services to their members.

**IV. Mental Health Block Grant (MHBG) Review / Vote**

The MHBG Plan is proposed to continue to fund the same services as previous years, without any major changes. This plan is to fund the first nine months of fiscal year 2016 (July 1, 2015 to March 31, 2016), in the amount of \$1.4 million. These services in the plan are: the Consumer Training Fund managed through NAMI Greater Seattle; Geriatric Regional Assessment Team (GRAT); Tribal Contract with Muckleshoot and Snoqualmie Tribes; Hero House (Clubhouse); Children's Crisis Outreach Response System (CCORS); and Forensic Integrated Reentry Support and Treatment (FIRST).

Nancy moved the Board write a letter of support for the Federal Block Grant programs. The motion was seconded by Alicia Glenwell, and passed unanimously.

#### **V. Chairperson's Report**

Kristin reported that she and Pat, KCASAAB Chair, need to meet to brainstorm about Board structure as it seems integration of the Boards is likely moving forward.

In terms of other agenda items, Chair Houser would like the Board to pick up work again on the Institutions for Mental Disease issue as Congress does not seem likely to take action on this in the near future.

#### **VI. Committee Reports**

##### **The Legislative Advocacy & Public Affairs Committee**

Joan Clement reported the large legislative issue the KCASAAB has worked on is raising the legal age for tobacco products to age 21 to enormously decrease the risk of addiction. Included in this Bill is vape and e-cigarettes language.

Lauren Davis provided highlights to current Bills:

- House Bill 1138, creating a suicide prevention task force that passed in the House and is being heard by the Senate with hopes it will pass.
- EHB 1258 / E2SSB 5269 "Joel's Law." This bill would allow immediate family members to petition the court to review a DHMP's decision not to detain a person under the Involuntary Treatment Act (ITA).
- 2SHB 1450 / E2SSB 5649 - Concerning involuntary outpatient mental health treatment / Concerning the involuntary treatment act; may pass.
- SHB 1713 - Integrating the crisis and ITA systems for mental health and chemical dependency.
- SHB 1916 - Integrating administrative provisions for chemical dependency and mental health

Terry Mark, DCHS Deputy Director, announced the House budget will be ready and announced at 11:30 a.m., Friday, March 27. At 1:30 p.m. That day, the Appropriations Committee will meet, at which time public comment is heard. She

added it is unknown at this time when the Senate budget will be released, but will soon follow the House budget.

FINAL

**Membership Committee**

The Board voted to approve full Board membership to Kathy Obermeyer. Ms. Obermeyer is very interested in contributing to the Board to improve mental health services.

**VII. Staff Report – Jean Robertson**

Jean briefly spoke to the following points:

- A draft of Behavioral Health Organization (BHO) Advisory Board anticipated requirements by the Division of Behavioral Health and Recovery to structure a new integrated Board was provided to members for review. These provisions are subject to change, but will ultimately appear in the BHO contract.
- At the KCASAAB meeting earlier this month, there was much discussion on integration. They are planning a Board Retreat in early May, and would like to meeting jointly with the MHAB after that meeting in May. Jean announced the April MHAB agenda will carve out time to discuss the important issues going forward, such as creating one set of bylaws, etc.
- Due to the very fast timeline required, King County will not be an Early Adopter and will focus all efforts on becoming a high quality BHO. To do this, King County has opted to work with a consultant group to develop options of how to move forward thoughtfully, keeping the people we serve at the forefront of what we do.

**VIII. Other Business**

Jeanne Slonecker announced this will be her final meeting as she has accepted a new position as a clinician with Valley Cities Counseling and Consultation.

As the Board's charge evolves, Chair Houser solicited feedback from members regarding Board discussion topics in the future. Ideas include hearing from more plans and/or the state about contract requirements. In addition to contractual requirements, Lauren Davis added hearing from the state on a broad range of issues, hearing from the Department of Corrections, the jail, etc.

**IX. Board and Community Concerns**

No report.

**X. Adjournment:**

With no further business, the meeting adjourned at 6:20 p.m.

**Prepared by:**  
Bryan Baird, Board Liaison

**Attested by:**  
Kristin Houser, Chair